



## Louisiana Department of Health and Hospitals BAYOU HEALTH Informational Bulletin 12-11 February 23, 2012

### Issue: Vision Services for BAYOU HEALTH Members

In the legacy Medicaid Program, reimbursement for routine **eye exams** members is limited to enrollees who are under the age of 21 and limited to one per calendar year. In order to be reimbursed, all covered **eye wear** services must be medically necessary. Appointments for

#### **BAYOU HEALTH Members Enrolled in a Prepaid Health Plan (Amerigroup, LaCare, and Louisiana Healthcare Connections [LHC])**

- Prepaid Health Plans must provide vision services, including eye exams and eye wear in at least the same “amount, duration, and scope” as legacy Medicaid.
- Prepaid Health Plans have the option to establish different limits and requirements for prior authorization. However, just as in legacy Medicaid, routine vision services shall not require a referral. Refer to each Plan’s **Provider Handbook** for any requirements that may differ from legacy Medicaid.
- All three Prepaid Health Plans are using a subcontractor for coordination of vision services. If a member is enrolled in a Prepaid Plan, contact the Health Plan’s vision subcontractor listed below regarding their prior authorization policy for vision services and eye wear. The vision contractors are:
  - Amerigroup: **eyeQuest** – 1-888-696-9551
  - LaCare: **Vision Service Plan (VSP)** – 1-800-877-7195 or [www.VSP.com](http://www.VSP.com)
  - LHC: **OptiCare**– 1-800-840-7032

#### **BAYOU HEALTH Members Enrolled in a Shared Savings Health Plan (Community Health Solutions or UnitedHealthcare)**

- For **eye wear**, continue to follow legacy Medicaid fee-for-service policy and requirements. Prior authorization when indicated can be obtained from the Molina Prior Authorization Unit at 1-800-488-6334; ePA [www.lamedicaid.com](http://www.lamedicaid.com); or Fax 225-929-6803.
- Claims for the **vision exam and other vision services provided by an ophthalmologist, optometrist, or optician** must be submitted to the patient’s Health Plan for pre-processing and the Health Plan will then submit to Molina.
- Claims for **eye wear** shall continue to be submitted directly to Molina.